

ADHERENCE TO THE ICS STANDARDISATION OF TERMINOLOGY OF LOWER URINARY TRACT FUNCTION IN THE ABSTRACTS OF THE 2003 ANNUAL MEETING OF THE INTERNATIONAL CONTINENCE SOCIETY

Hypothesis / aims of study

In January 2002 an updated version of the Standardization of Terminology of Lower Urinary Tract Function was published by the International Continence Society Standardization Committee in the official journal of the Society, *Neurourology and Urodynamics*¹. As with the other similar reports by the Committee, the aim was to facilitate comparison of results and enable effective communication by investigators using urodynamic methods.

The aim of the present study was to assess the adherence to the ICS Standardization of Terminology of the Lower Urinary Tract Function by the International scientific community as it emerges in the abstracts of the papers presented at the 2003 International Continence Society (ICS) annual meeting.

Study design, materials and methods

The abstracts were submitted to the Scientific Committee by the deadline of 1st April 2003, i.e. about one year after publication of the report. After blind selection, 130 abstracts were accepted for presentation at the 33rd Meeting of ICS, held in Florence in October 2003. All the abstracts were published in the official ICS journal, *Neurourology and Urodynamics* which constituted the source of documents for the present review².

The accepted abstracts were grouped into the following 11 scientific sessions: Urodynamics, Basic Science, Quality of Life, Diagnostic technique, Pediatrics, LUTS, Bladder dysfunction, Treatment of incontinence, Neurourology, Pelvic Floor, Overactive bladder syndrome. All the abstracts were reviewed to check if the terminology used by the authors was adherent to the ICS Standardization. The distribution of the abstracts containing deviations from the standardized terminology among the various scientific sessions was also investigated.

Results

Out of the 130 abstracts reviewed, 44 (33.8%) included at least one non-standard term. Table 1 summarises the standard terms which were incorrectly reported in the 44 abstracts and their frequency.

Incorrectly reported term	No. abstracts
Increased daytime frequency	19/44 (43.2%)
Detrusor overactivity	8/44 (18.2%)
Storage symptoms	8 (18.2%)
Dysfunctional voiding	6/44 (13.6%)
Voiding symptoms	5/44 (11.4%)
Urgency	4/44 (9.1%)
Painful bladder syndrome	4/44 (9.1%)
Involuntary detrusor contraction	3/44 (6.9%)
Cystometric capacity	3/44 (6.9%)
Overactive bladder syndrome	2/44 (4.5%)
Others	6/44 (13.6%)

Table 1: standard terms incorrectly reported in the abstracts and their frequency.

The distribution of the abstracts containing terms deviating from the standard terminology in the different sessions is reported in table 2.

Session	No. abstracts not adherent/ No. abstracts per session	No. abstracts not adherent/ Overall not adherent abstracts
Urodynamics	3/6 (50%)	3/44 (6.9%)
Basic Science	6/12 (50%)	6/44 (13.6%)
Quality of Life	3/12 (25%)	3/44 (6.9%)
Diagnostic techniques	3/12 (25%)	3/44 (6.9%)

Pediatrics	9/16 (56.2%)	9/44 (20.4%)
LUTS	2/6 (33.3%)	2/44 (4.5%)
Bladder dysfunction	5/12 (41.7%)	5/44 (11.4%)
Treatment of incontinence	4/16 (25%)	4/44 (9.1%)
Neurourology	2/12 (16.7%)	2/44 (4.5%)
Pelvic floor	4/20 (20%)	4/44 (9.1%)
Overactive bladder syndrome	3/6 (50%)	3/44 (6.9%)

Table 2: distribution of the abstracts containing incorrect terms in the different sessions.

Interpretation of results

Adhesion to the ICS standardisation of terminology is a specific requirement in the submission of abstracts to the ICS annual meeting. This notwithstanding, after more than one year from the publication of the ICS Standardization of Terminology, a substantial number (34%) of the abstracts presented at the ICS annual meeting included at least one term which is considered incorrect or not recommended by the report. The most frequently occurring deviations included terms very commonly used in the urodynamic daily practice, such as *detrusor overactivity*, *increased daytime frequency*, *storage/voiding symptoms*. Above all, the sessions affected by presentations containing deviating terms to a larger extent were Basic Sciences and Pediatrics.

Concluding message

These results call for the need of a larger circulation of the Report of Terminology Standardization among the International Urodynamics scientific community.

References

1. The Standardisation of Terminology in Lower Urinary Tract Function. *Neurourol.Urodyn* 21:167-178 (2002.)
2. *Proceedings of the International Continence Society, 33rd Annual Meeting; Neurol Urodyn, Vol 22, No. 5, 2003.*